

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Type of print in ink
 Amendment
List I.D. number: 2009
 Termination - See Part 5
Number: 1276401

4, 14, 09
Date qualified as committee (if applicable)
Date of Termination

RECEIVED AND FILED
in the office of the Secretary of the State of California
Date Stamp: APR 16 2009
CALIFORNIA FORM 410
REGISTRAR OF VOTERS
DEBRA BOWEN
Secretary of State

1. Committee Information

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

NAME OF TREASURER

Newporters for Responsible Government
STREET ADDRESS (NO P.O. BOX)

Tom Bellings
STREET ADDRESS
665 Via Lido Sound

5020 Campus Dr.
CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92663 (949) 955-2033

Newport Beach CA 92663 (949) 675-6465
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)
PO Box 1414 665 Via Lido Sound

NAME OF ASSISTANT TREASURER, IF ANY

OPTIONAL: FAX / E-MAIL ADDRESS
Newport Beach, CA 92663

COUNTY OF DOMICILE
Orange
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

STREET ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS
665 Via Lido Sound
CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach CA 92663 Same

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4-14-09 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By Tom Bellings SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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COMMITTEE NAME *Newspapers for Responsible Government*

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
Ethics & Governance in Municipal issues that impact residents

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR		
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE

Small Contributor Committee _____/_____/_____ Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.
 Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.